

NORTH CAROLINA DIVISION OF SOCIAL SERVICES

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize _____ to release
specified information from the record of: _____

to _____

This information shall include _____
(nature and extent of information to be released)

I understand this information will be used for: _____

Other Information: _____

I understand the contents to be released, the need for the information, and that there
are statutes and regulations protecting the confidentiality of authorized information.

I hereby acknowledge that this consent is truly voluntary and is valid for 180 days.

I understand that I may revoke this consent at any time except to the extent that
information has already been released before I revoke it.

Client

Authorized Representative

Date

Witness
(Necessary only if client signs with an "X")